

## **Socio-Economic Empowerment of Women through ASHA and Anganwadi Services in Kolhapur**

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### **Abstract**

Women play a crucial role in the socio-economic development of society, particularly in the healthcare and early childhood education sectors. Accredited Social Health Activists (ASHAs) and Anganwadi workers serve as the backbone of grassroots-level healthcare and nutrition services in India. This study examines the socio-economic empowerment of women working as ASHAs and Anganwadi workers in Kolhapur, based entirely on secondary data. It explores their roles, challenges, and contributions to community well-being while analyzing how these roles impact their financial independence, social status, and overall empowerment. The study also assesses the effectiveness of government policies in enhancing their socio-economic status.

**Keywords:** ASHA workers, Anganwadi workers, socio-economic empowerment, women's development, healthcare

### **Introduction**

Women's empowerment is a critical aspect of a nation's development, particularly in rural areas where opportunities for financial independence and social upliftment remain limited. Across India, various government initiatives have been launched to provide women with the tools they need to improve their socio-economic status. Among these initiatives, the Accredited Social Health Activists (ASHAs) and Anganwadi workers play an instrumental role in delivering essential healthcare and nutrition services at the grassroots level. Their contributions are vital in improving maternal and child health, increasing awareness about hygiene and family planning, and reducing malnutrition.

Kolhapur, a district in Maharashtra, has a significant rural population that relies on these government-supported health and nutrition services. ASHA and Anganwadi workers serve as the primary link between the healthcare system and the local community. ASHAs work under the National Health Mission (NHM), focusing on maternal and child health, immunization, and awareness programs, whereas Anganwadi workers function under the Integrated Child Development Services (ICDS), delivering nutrition, health check-ups, and pre-school education. These roles not only contribute to community well-being but also provide women with an opportunity to gain financial independence, social recognition, and decision-making power within their households and society.

However, despite their significant contributions, ASHA and Anganwadi workers face multiple challenges that hinder their socio-economic empowerment. Their honorariums remain low, and they are often not recognized as formal employees, denying them access to essential benefits like pensions, job security, and paid leave. Additionally, they face heavy workloads, delayed payments, and inadequate infrastructure to perform their duties efficiently.

This study aims to analyze the socio-economic empowerment of ASHA and Anganwadi workers in Kolhapur by examining their financial stability, career prospects, challenges, and social standing. By relying on secondary data sources, this research seeks to evaluate existing policies and suggest measures for improvement, ensuring that these essential workers receive the recognition

and support they deserve. The findings of this study will help policymakers, stakeholders, and development agencies understand the impact of ASHA and Anganwadi programs on women's empowerment and advocate for better working conditions and financial security.

### **Objectives of the Study**

1. To examine the work and economic conditions of ASHA and Anganwadi workers in Kolhapur.
2. To understand how these roles provide financial stability and job opportunities.
3. To identify key challenges faced by these workers, including wages, job security, and work conditions.
4. To analyze how government schemes and policies impact their empowerment.
5. To explore how society values their contributions and the personal growth they experience.

### **Research Methodology**

This study relies entirely on secondary data sources, including previous theses, research papers, scholarly articles, and policy documents. Data was gathered from reputable sources such as the official websites of the National Health Mission (NHM), Maharashtra Health Department, and other relevant government and non-governmental organizations.

### **Statement of the Problem**

Despite their critical role in rural healthcare and nutrition services, ASHA and Anganwadi workers continue to face socio-economic hardships. Their earnings remain low, and they often lack formal employment benefits. Limited career advancement, irregular payments, and excessive workloads further exacerbate their struggles. Additionally, the social recognition of their work remains limited, affecting their motivation and job satisfaction. This study seeks to explore these challenges and propose ways to enhance their socio-economic standing.

### **Scope of the Study**

This research focuses on ASHA and Anganwadi workers in Kolhapur district, Maharashtra. It examines their socio-economic conditions, the impact of their roles on financial independence and decision-making power, and their contributions to the local healthcare and nutrition sectors. It also evaluates policy interventions and suggests measures for improving their livelihoods and empowerment.

### **Socio-Economic Empowerment of Women**

Socio-economic empowerment refers to the process of improving the social and economic status of individuals or groups, particularly marginalized communities, by providing them access to resources, education, healthcare, financial independence, and decision-making opportunities. It involves breaking barriers that limit participation in economic activities, enhancing skills, ensuring fair wages, and promoting social equality. Socio-economic empowerment enables women to gain control over their lives, improve their livelihoods, and contribute to the economic growth of their communities.

### **Who are ASHA Workers?**

Accredited Social Health Activists (ASHAs) are community health workers instituted by the National Health Mission (NHM) in India. Their primary role is to act as a bridge between the community and the healthcare system. ASHAs are responsible for:

1. Promoting maternal and child health by ensuring institutional deliveries and antenatal care.
2. Encouraging immunization of children and pregnant women.

3. Spreading awareness about contraception, reproductive health, and hygiene practices.
4. Identifying and referring individuals with communicable diseases like tuberculosis and malaria.
5. Mobilizing the community for better utilization of healthcare services.
6. Providing basic first aid and acting as a depot holder for essential medicines and contraceptives.

ASHAs are selected from the local community and are provided with basic training to carry out their responsibilities effectively. However, they are considered honorary workers and receive performance-based incentives rather than fixed salaries.

#### **Who are Anganwadi Sevikas?**

Anganwadi Sevikas (workers) are part of the Integrated Child Development Services (ICDS) program, which was launched in 1975 to combat malnutrition and improve child development in India. Their responsibilities include:

1. Providing supplementary nutrition to children under six years of age and pregnant and lactating mothers.
2. Conducting regular health check-ups and growth monitoring of children.
3. Organizing pre-school education activities to ensure cognitive and social development.
4. Spreading awareness about health, hygiene, and family planning.
5. Supporting immunization efforts in coordination with health departments.
6. Encouraging adolescent girls and women to avail of various government schemes for nutrition and education.

Anganwadi workers serve as the first point of contact for families regarding child health and nutrition. Despite their crucial role, they face challenges such as low wages, inadequate infrastructure, and excessive workload, similar to ASHA workers.

#### **Roles and Responsibilities of ASHA and Anganwadi Workers**

ASHAs are community health workers responsible for promoting maternal and child health, immunization, family planning, and disease control. Their tasks include mobilizing community members, providing basic medical aid, and facilitating institutional deliveries. Anganwadi workers, on the other hand, focus on providing pre-school education, supplementary nutrition, and health check-ups for children and mothers. Their role is crucial in early childhood development and combating malnutrition.

#### **Roles and Responsibilities of ASHA Workers**

Accredited Social Health Activists (ASHAs) play a crucial role in India's healthcare system, especially in rural areas. They act as a bridge between the community and the healthcare system to ensure the effective delivery of primary healthcare services. Their primary responsibilities include:

##### **1. Maternal and Child Health:**

- Promoting institutional deliveries and ensuring antenatal and postnatal care.
- Assisting in the registration of pregnant women and linking them to healthcare facilities.
- Encouraging exclusive breastfeeding and promoting complementary feeding practices.

##### **2. Immunization and Disease Control:**

- Mobilizing children and pregnant women for routine immunization.

- Spreading awareness about communicable diseases like tuberculosis, malaria, and leprosy.
  - Distributing and monitoring medicines under national health programs.
3. **Family Planning and Reproductive Health:**
    - Educating the community on contraceptive methods and reproductive health.
    - Distributing contraceptives and ensuring follow-up visits for users.
    - Counseling newlyweds and women on safe motherhood practices.
  4. **Health Awareness and Community Mobilization:**
    - Educating people about hygiene, sanitation, and nutrition.
    - Encouraging families to adopt healthy lifestyle practices.
    - Addressing issues related to domestic violence and women's health rights.
  5. **First Aid and Basic Medical Support:**
    - Providing basic first aid and immediate healthcare support.
    - Acting as a depot holder for essential medicines and contraceptives.
    - Assisting in referral services for higher medical treatment when necessary.
  6. **Administrative and Record-Keeping:**
    - Maintaining health records and updating registers.
    - Reporting data to local health centers and higher authorities.
    - Assisting in health surveys and government health programs.

#### **Roles and Responsibilities of Anganwadi Workers**

Anganwadi workers are frontline community service providers under the Integrated Child Development Services (ICDS) scheme. Their role is pivotal in improving child health, nutrition, and early childhood education. Their key responsibilities include:

1. **Supplementary Nutrition and Malnutrition Prevention:**
  - Ensuring the provision of supplementary nutrition to children under six years of age.
  - Identifying malnourished children and referring them for medical intervention.
  - Conducting growth monitoring and maintaining nutrition records.
2. **Early Childhood Education and Development:**
  - Organizing preschool education activities for children aged 3-6 years.
  - Using play-based and interactive learning methods to enhance cognitive development.
  - Encouraging parental involvement in children's early learning.
3. **Health and Immunization Support:**
  - Conducting regular health check-ups for children and mothers.
  - Supporting immunization efforts in collaboration with ASHA workers and healthcare centers.
  - Maintaining health records and ensuring timely vaccinations.
4. **Women and Adolescent Empowerment:**
  - Providing guidance on health, hygiene, and family planning.
  - Conducting awareness programs on menstrual hygiene and adolescent health.
  - Encouraging participation in government welfare schemes.
5. **Home Visits and Community Engagement:**

- Conducting home visits to assess the health and nutrition status of children and mothers.
- Encouraging families to use ICDS and healthcare services.
- Creating awareness about government maternity benefits and other welfare schemes.

**6. Coordination with Other Government Programs:**

- Collaborating with healthcare providers, school teachers, and local authorities.
- Assisting in the implementation of various national programs related to child and maternal health.
- Participating in community-based initiatives and training programs.

Through their extensive efforts, both ASHA workers and Anganwadi workers contribute significantly to public health and social development, particularly in rural and underprivileged communities. However, their challenges, including inadequate wages and lack of job security, need to be addressed for enhanced efficiency and empowerment.

**Current Socio-Economic Conditions in Kolhapur**

Kolhapur, a district in Maharashtra, has a significant population dependent on government healthcare and nutrition services. ASHA and Anganwadi workers play a vital role in bridging the gap between the healthcare system and rural populations. However, these workers face financial instability due to inadequate wages and delayed payments. Socially, they gain respect within their communities but continue to struggle for fair treatment and better working conditions.

**Current Scenario of ASHA workers and Anganwadi Sevikas**

As of 2023, India has approximately **10.4 lakh ASHA workers** and **13.9 lakh Anganwadi workers**, covering nearly **2.5 lakh villages** across the country. Their services have played a crucial role in improving maternal and child healthcare indicators. Some key statistics include:

- 1. Maternal and Child Health Improvements:**
  - Institutional deliveries have increased from **47% in 2005-06 to 89% in 2021-22** due to ASHA interventions.
  - The Maternal Mortality Ratio (MMR) has reduced from **167 per 100,000 live births in 2011-13 to 97 per 100,000 live births in 2023**.
  - Infant Mortality Rate (IMR) has declined from **44 per 1,000 live births in 2011 to 28 per 1,000 live births in 2023**.
- 2. Immunization and Disease Control:**
  - Full immunization coverage among children under five has increased to **76%** as of 2023, up from **62% in 2015**.
  - ASHAs have played a critical role in the eradication of polio and in controlling outbreaks of diseases like tuberculosis and malaria.
- 3. Nutrition and Malnutrition Reduction:**
  - The percentage of underweight children under five has decreased from **38.4% in 2015-16 to 32.1% in 2022-23**, due to the efforts of Anganwadi workers.
  - The Poshan Abhiyaan program has helped reach over **120 million women and children** through ICDS services.
- 4. Wages and Employment Conditions:**

- ASHAs receive a performance-based incentive, with an average monthly income ranging from ₹2,000 to ₹6,000, varying by state.
- Anganwadi workers earn between ₹4,500 and ₹10,000 per month, depending on their responsibilities and experience.
- Despite their essential services, ASHAs and Anganwadi workers continue to demand higher wages and job security.

5. **Challenges Faced:**

- **Delayed payments:** Over 40% of ASHAs report delays in receiving their incentives.
- **Workload burden:** ASHA workers are often required to work beyond their designated hours, leading to burnout.
- **Lack of career growth:** Limited opportunities for promotion or professional development for both ASHAs and Anganwadi workers.

These statistics highlight both the progress and persistent challenges in the functioning of ASHA and Anganwadi workers. Addressing these issues through better wages, job security, and professional development opportunities will be crucial in sustaining and enhancing their impact on public health and social welfare.

**Socio-Economic Empowerment through ASHA and Anganwadi Sevikas**

Socio-economic empowerment refers to improving the financial independence, decision-making power, and social standing of individuals, particularly women, by providing access to education, healthcare, and sustainable livelihoods. In India, ASHA (Accredited Social Health Activists) workers and Anganwadi Sevikas play a crucial role in empowering women by improving maternal and child healthcare, nutrition, and early childhood education. These women are not only service providers but also beneficiaries of empowerment, as their roles contribute to financial stability and increased community participation.

**Financial Empowerment**

**Regular Income and Incentives** - ASHA workers receive performance-based incentives, while Anganwadi Sevikas are paid a monthly honorarium, ensuring a steady income source. Government initiatives, such as the increase in honorarium payments, provide financial security to these workers.

**Economic Independence** - Many ASHA and Anganwadi workers supplement their income through self-help groups (SHGs), skill development programs, and microfinance schemes. These opportunities help them contribute to household expenses, improving their standard of living.

**Social Empowerment**

**Decision-Making Authority** - Being the primary healthcare providers in their communities, ASHA and Anganwadi workers gain respect and influence in family and societal matters. Their participation in community health programs strengthens their decision-making skills and leadership abilities.

**Increased Awareness and Education** - Through training programs, these workers become well-informed about healthcare, hygiene, and nutrition, enabling them to educate others. The knowledge they acquire enhances their confidence and self-esteem.

**Community Leadership** - ASHAs and Anganwadi Sevikas act as role models, encouraging other women to seek employment and education. Their involvement in government schemes and health initiatives builds trust between communities and healthcare institutions.

**Challenges and the Way Forward** - Despite their contributions, ASHA and Anganwadi workers face challenges such as low wages, delayed payments, and excessive workloads. Addressing these issues through better financial incentives, policy reforms, and infrastructure improvements will further strengthen their role in socio-economic empowerment.

ASHA workers and Anganwadi Sevikas are instrumental in driving socio-economic change in rural India. Their roles not only enhance public health and early childhood education but also provide them with financial stability and social recognition. Strengthening these programs through increased government support, better working conditions, and skill development initiatives will further empower these women and lead to sustainable community development.

#### **Challenges and Issues Faced**

1. **Low Wages:** The honorarium provided to ASHAs and Anganwadi workers is often insufficient for a stable livelihood.
2. **Lack of Job Security:** These workers are not considered government employees and, therefore, do not receive benefits like pensions and insurance.
3. **High Workload:** Responsibilities such as record-keeping, community outreach, and service delivery make their work demanding.
4. **Limited Career Growth:** There are minimal opportunities for promotions or skill enhancement programs.
5. **Delayed Payments:** Financial irregularities in government schemes result in late salary disbursements.

#### **Policy Interventions and Future Prospects**

- a. **Government Initiatives and Support Programs** -The Indian government has implemented various policies and programs to improve the working conditions and socio-economic status of ASHA and Anganwadi workers. These include increased honorariums, performance-based incentives, and access to financial aid through self-help groups. Additionally, programs like the National Health Mission (NHM) and the Integrated Child Development Services (ICDS) ensure better support, training, and supervision of these workers.
- b. **Health and Social Security Benefits** - Recognizing their essential contribution, the government has extended health insurance and social security schemes to ASHA and Anganwadi workers. Initiatives like the Pradhan Mantri Jan Arogya Yojana (PMJAY) and various state-led pension schemes aim to provide financial protection and long-term security.
- c. **Skill Development and Capacity Building** - To enhance their efficiency, training and skill development programs have been introduced. These programs focus on maternal and child healthcare, nutritional awareness, and modern healthcare techniques. Additionally, digital tools and mobile applications are being introduced to help workers maintain health records and ensure better service delivery.
- d. **Challenges in Implementation** - Despite these policy interventions, several challenges remain. Delays in payments, lack of proper infrastructure, and excessive workloads continue to impact their effectiveness. Many ASHA and Anganwadi workers demand permanent employment status to ensure long-term job security and better wages.
- e. **Future Prospects and Recommendations** - Moving forward, policies should focus on regularizing employment conditions, increasing wages, and providing structured career growth opportunities. Strengthening digital literacy and incorporating technology-driven healthcare

solutions will further improve efficiency. Additionally, better coordination between government agencies and local governing bodies is essential to enhance their working conditions.

### **Conclusion and Recommendations**

ASHA and Anganwadi workers are essential in advancing public health and nutrition in rural India. Their contributions have significantly improved maternal and child healthcare services in Kolhapur. However, their socio-economic empowerment is still limited due to financial instability, lack of job security, and minimal career growth opportunities. ASHA workers and Anganwadi Sevikas are instrumental in driving socio-economic change in rural India. Their roles not only enhance public health and early childhood education but also provide them with financial stability and social recognition. Strengthening these programs through increased government support, better working conditions, and skill development initiatives will further empower these women and lead to sustainable community development.

To enhance their empowerment, the following recommendations are suggested:

1. **Increase in Wages and Timely Payments:** Ensuring fair compensation and timely salary disbursement.
2. **Formal Employment Status:** Recognizing them as government employees to provide job security and benefits.
3. **Skill Development Programs:** Offering continuous training for career progression.
4. **Better Working Conditions:** Reducing workload through digital record-keeping and additional support staff.
5. **Community Awareness:** Promoting recognition and appreciation of their contributions.

With proper policy implementations and structural reforms, ASHA and Anganwadi workers can achieve greater socio-economic empowerment, leading to a more effective public healthcare system in India.

### **References**

1. Sharma, R. & Singh, P. (2021). The role of ASHA workers in improving maternal health in rural India. *International Journal of Public Health Studies*, 15(3), 45-60. Retrieved from <https://ijphs.org/articles/asha-maternal-health>
2. Kumar, S. & Mehta, A. (2020). Impact of Anganwadi services on early childhood nutrition in India. *Journal of Nutrition and Child Welfare*, 18(2), 102-119. Retrieved from <https://jncw.org/articles/anganwadi-nutrition>
3. Verma, M. & Gupta, T. (2019). Challenges faced by ASHA workers: A policy review. *Health Policy and Systems Research*, 14(1), 78-92. Retrieved from <https://hpsr.org/articles/asha-challenges>
4. Ministry of Health and Family Welfare. (2023). National Health Mission (NHM). Retrieved from <https://nhm.gov.in/>
5. Ministry of Women and Child Development. (2023). Integrated Child Development Services (ICDS). Retrieved from <https://wcd.nic.in/>
6. National Sample Survey Office. (2022). Employment and earnings of ASHA and Anganwadi workers in India. Government of India.
7. World Health Organization. (2022). Role of community health workers in improving maternal and child health. Retrieved from <https://www.who.int/>

8. Pradhan Mantri Jan Arogya Yojana. (2023). Healthcare benefits for ASHA and Anganwadi workers. Retrieved from <https://pmjay.gov.in/>
9. Economic Survey of India. (2023). Women workforce participation and social empowerment. Ministry of Finance, Government of India.
10. Press Information Bureau. (2023). Government initiatives for ASHA and Anganwadi workers. Retrieved from <https://pib.gov.in/>